

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DallasTownship WilsonCity (No.)Registration District No. 247Primary Registration District No. 5343File No. 37527Registered No. 21St. Ward 2. FULL NAME Harold Laron Minnick(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

328

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dallas Co. Mo.

13. NAME

Jessie Minnick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dallas Co. Mo.

15. MAIDEN NAME

Mola Bari

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Jesse Minnick

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmony DATE 11.2 1937

19. UNDERTAKER (ADDRESS)

Neighborhood

20. FILED

11-10-1937J. J. Albot

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 31 1937 to Nov. 1 1937I last saw him alive on Oct. 31 1937. Death is saidto have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Acute EnteritisDate of onset 11.24-27

Other contributory causes of importance:

AgeName of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) J. J. Albot M. D.(Address) Phillipsburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

